

# STATE OF CONNECTICUT

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

*A HEALTHCARE SERVICE AGENCY*

M. JODI RELL  
GOVERNOR

THOMAS A. KIRK, JR., Ph.D.  
COMMISSIONER

May 11, 2009

Dear Agency Executive:

The Department of Mental Health and Addiction Services (DMHAS) has been committed to strengthening our capacity to measure performance through recovery-oriented outcome data. More recently, two significant external factors are shaping our thinking regarding performance measurement.

- The state legislature, through its Results Based Accountability (RBA) Initiative, is focusing on how effectively public funds are used. Also, the Legislature's Program Review and Investigation (PRI) Committee recently made recommendations that DMHAS implement changes related to performance measurement, including Provider Report Cards.
- On the federal level, DMHAS is required to submit National Outcome Measures (NOMS) to our funders at the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).

In short, DMHAS is constantly being challenged by our funders to demonstrate a sustained focus on assessing quality of services and client outcomes. Thus, we need to continue to implement the most meaningful and effective ways to measure state agency and provider performance.

I fully support the spirit, substance and the challenge associated with the above scenarios from our state and federal funders. Further, being a "data freak," my experience is that solid data – properly interpreted and applied, can best inform our thinking about the best curriculum and design of our healthcare system. From my interaction with many of you over the years, in person or by corresponding about your services, I am confident that you share my view.

### **Some Realities**

DMHAS and its providers have significantly improved data quality and timely submission over the past three years – monthly data quality conference calls, onsite visits with your quality and information staff and other strategies have all been very beneficial. Thanks to you and your quality and information staff for assistance in those efforts. At the same time we have recognized limitations that exist in our current data collection system. For example:

- We do not collect the same data set from mental health and addiction treatment providers. It is estimated that over 40% of clients in our mental health programs have co-occurring mental health and substance use disorders but our mental health providers do not report substance use information in DPAS or BHIS.
- DMHAS does not currently require client-level updates of any outcome measures such as employment, living situation, and MGAF. The data are only collected at admission and discharge, even if years intervene. This leaves DMHAS unable to evaluate outcomes at periodic intervals.

Each of these data collection issues seriously hinders our ability to measure and report provider and system performance. They must be corrected.

### Where We Must Go

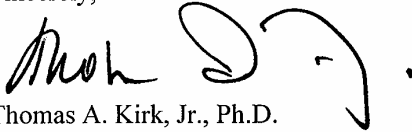
- **Technology.** The department has been and is currently involved in a very intensive and accelerated process that will upgrade our information systems by March 2010. These new systems will support enhanced data collection and reporting as well as feedback to individual providers for self and comparative agency analyses. I know from discussions with several of you that you are doing likewise.
- **NOMS Data Collected.** Effective July 1, 2009 DMHAS will modify our data collection requirements. We will require most mental health treatment providers to report key NOMS indicators (employment, living situation, social supports, MGAF, arrests) at admission. The same information will be updated at six month intervals following an admission into a program and again at discharge. The same procedure will apply for substance abuse treatment programs with lengths of stay 6 months and longer.
- **Substance Use Data.** A second change will involve the collection of substance use data such as prior substance abuse treatment, the substances used, and the frequency of use. DMHAS will distribute substance abuse data collection requirements in June. Mental health providers will be asked to begin to develop processes to *collect* this information effective July 1, 2009. However, there will be no expectation that providers *submit* these data until March 2010 when our new data systems are fully implemented. At that time, DMHAS will require admission, six (6) month updates and discharge reporting of these substance use data. We recognize that a change such as this requires modifications to agency processes and potentially to agency information systems. We are staging this new requirement in order to allow agencies sufficient time to make necessary changes.
- **Standardization.** DMHAS has worked over the past several years to ensure greater consistency in core outcome measures across levels of care (LOC). These efforts have focused on establishing core measures (i.e., employment, living situation, independent functioning completions) that cut across all programs. A change such as the Provider Report Card requires DMHAS to move to even greater standardization of performance measures regardless of the LOC or program type. In general, each LOC described in Part III of our contracts will contain common Outcome Measures. It may be necessary to modify existing Part III performance measures to effect this change. At the same time, certain LOCs will likely continue to have additional measures that are program specific.
- **Offsets.** DMHAS recognizes that our providers are expected to comply with a number of contractual requirements, with us and with other state agency funders. Modifications described in this correspondence may place an increased burden on some providers. The department will eliminate certain other annual reporting requirements in order to strengthen our ability to measure performance.

Beginning in FY 2010, providers will not submit annual updates to their Recovery and Cultural Competence Plans. Eliminating these requirements on an annual basis in *no way* signifies that DMHAS is abandoning these initiatives. On the contrary, the improved outcome data will allow us to better evaluate agency performance as it relates to a range of variables such as race, ethnicity, language, gender, and co-occurring disorders. This will allow us to focus training, technical assistance, and quality improvement initiatives on agencies whose outcomes are not meeting expected performance measures. Any of the tools associated with Cultural Competency and Recovery Initiatives will remain available to providers. It is our hope that the elimination of these requirements, on an annual basis, will reduce overall administrative burdens.

- **Support.** DMHAS will support the data modifications through contract supplements of up to \$3,000 in this fiscal year to be used for information systems modifications. These funds can also be used to support consultant time required to comply with these new requirements. Additional information will be made available in the next few weeks.
- **Provider Forums.** DMHAS will hold provider forums in May and June to more fully explain the new data collection requirements, modifications to performance measures, and the Provider Performance Report Card system. The sessions will clarify how these changes will be put into effect and will provide an overview of the implementation timetable. The sessions will also provide a conceptual framework regarding how DMHAS intends to measure performance in the future. Follow-up training will be conducted throughout the summer to familiarize your staff with the new requirements.

In summary, these changes will help DMHAS and our providers to strengthen our ability to measure performance and outcomes and to comply with our obligations to state and federal funders of the mental health and substance abuse service system. We recognize that changes such as these take time and require modifications to agency processes. We are committed to working with providers in order to minimize the impact these changes have on all stakeholders. Should you have any questions regarding these important changes, please feel free to contact Jim Siemianowski at (860) 418-6810.

Sincerely,



Thomas A. Kirk, Jr., Ph.D.  
Commissioner

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